IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

Marh / Laft	Complaint for Rights	or Violatio	on of Civil
Write the full name of each plaintiff who is filing his complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	(Prisoner Complaint) Case No. (to be filled in by the Clerk's Office Jury Trial: Yes \(\square \) No (check one)		
-against- Sticks (rom) the Yard INCY		·	

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

When submitted for filing, your complaint should be accompanied by the full filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Mark 7 Coft
All other names by w	hich you have been known:
ID Number .	9842762
Current Institution	WellPath Recovery Solutions
Address	4546 Broad River Rd
	Columbia, SC 29210

В, The Defendant(s)

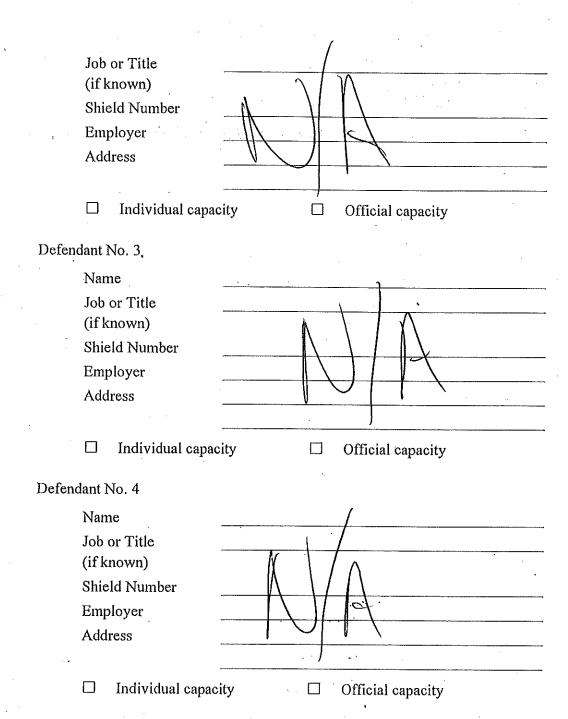
Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Sticks Trum the Yard INC CORRECTION
Job or Title	They are a Company
(if known)	
Shield Number	MA NIA
Employer	: Sticks Fam the Yard, INC
Address	2283 Sunset Drive
•	WICKLISSE, OH 44092
☐ Individual c	apacity Official capacity

Defendant No. 2

Name



II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A.	Are you bringing suit against (check all that apply):
	Federal officials (a Bivens claim)
	☐ State or local officials (a § 1983 claim)
B.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?
C.	Plaintiffs suing under <i>Bivens</i> may only recover for the violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials?
	My Money was taken and property Kept by this Company Who I had Made a contract with to sell My hats I sent my hats and have a receipt of delivery
D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
	This Violates My right to lite, liberty and Proberty and or me getting My Money # 275,00 Tor the Horts I Made
Priso	ner Status
Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
П	Pretrial detainee
Ź	Civilly committed detainee
	Immigration detainee

III.

IV.

لسا	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
State	ement of Claim
person releved involuthan	as briefly as possible the facts of your case. Describe how each defendant was briefly involved in the alleged wrongful action, along with the dates and locations of a stant events. You may wish to include further details such as the names of other person lived in the events giving rise to your claims. Do not cite any cases or statutes. If more one claim is asserted, number each claim and write a short and plain statement of each in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	$-\lambda M$
В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
	N/A
•	
C.	What date and approximate time did the events giving rise to your claim(s) occur?
	Signed first contract sentage deliverted
D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)
•	never given to me.
	אוין טן אוטערן אייוני.

.7.	
•	
	Injuries
	If you sustained injuries related to the events alleged above, describe your injuries and stawhat medical treatment, if any, you required and did or did not receive.
	It is causing me Mental and Fonotional distress cause
•	I take Pride in My Crachetin's and Property I make and
	I expect my miney when I Make a contract
	Relief
	State briefly what you want the court to do for you. Make no legal arguments. Do not cite a cases or statutes. If requesting money damages, include the amounts of any actual damage and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.
	I am Suing For \$ 500 to cover the Money I lust the Property be hats I concheted that I didn't get back and the mental and
	E Motional distress I went through
	CLAMANA MITTED) T MENK INYAM

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

	No				
	, name the jail, prison ne of the events givin			acility where	e you were co
	the jail, prison, or ot nce procedure?	her correc	tional facility	where your	claim(s) aros
☑′	Yes				
30 0	No		•		
	Do not know				
	the grievance proced laim(s) arose cover so				ectional facil
	Yes				
	No				
2				•-	
	Do not know				
	Do not know				
	Do not know which claim(s)?				
☑ ☐ If yes,					

E.

	Yes
	No
ou	did file a grievance:
	Where did you file the grievance?
	N/A
	/V///
	What did was alsied in some in a
	What did you claim in your grievance?
	1/1
	$ \mathcal{N}\mathcal{A}$
•	What was the result, if any?
	N// 1
.•	What steps, if any, did you take to appeal that decision? Is the grievan process completed? If not, explain why not. (Describe all efforts to appeal the highest level of the grievance process.)
	11
	\sim

F.	If you did not file a grievance:					
	1.	If there are any reasons why you did not file a grievance, state them here: DIGNE happen in and taciting				
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:				
-		N/A				
G.	Please	e set forth any additional information that is relevant to the exhaustion of your nistrative remedies.				
		: You may attach as exhibits to this complaint any documents related to the astion of your administrative remedies.)				
Prev	ious Lav	vsuits				
court incare States upon	without cerated of that was which i	rikes rule" bars a prisoner from bringing a civil action or an appeal in federal paying the filing fee if that prisoner has "on three or more prior occasions, while or detained in any facility, brought an action or appeal in a court of the United as dismissed on the grounds that it is frivolous, malicious, or fails to state a claim relief may be granted, unless the prisoner is under imminent danger of serious by." 28 U.S.C. § 1915(g).				
To th		of your knowledge, have you had a case dismissed based on this "three strikes				
		Yes				
		No				

VIII.

A.		you filed other lawsuits in state or federal court dealing with the sam ved in this action?	e fac
		Yes	
)XV	No	
В	below	ur answer to A is yes, describe each lawsuit by answering questions 1 throw. (If there is more than one lawsuit, describe the additional lawsuits on a using the same format.)	
	1.	Parties to the previous lawsuit	
		Plaintiff(s) Defendant(s)	_
	2.	Court (if federal court, name the district; if state court, name the count State).	ity ar
•	3.	Docket or index number	
	4.	Name of Judge assigned to your case	.• •
			- -
	5.	Approximate date of filing lawsuit	
	6.	Is the case still pending?	_

	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		- N/A
C.	Have cond	e you filed other lawsuits in state or federal court otherwise relating to the itions of your imprisonment?
	□,	Yes
	β	No
D.	belov	ur answer to C is yes, describe each lawsuit by answering questions 1 through 7 w. (If there is more than one lawsuit, describe the additional lawsuits on another, using the same format.)
	1.	Parties to the previous lawsuit
	٠.	Plaintiff(s) Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
•		- N/A
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
	٠,	☐ Yes
		\square No

		If no, give the approximate date of disposition. \mathcal{N}/\mathcal{A}
	•	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		~/A
IX.	Certi	fication and Closing
	know impro of liti modif if spe- for fu	r Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my ledge, information, and belief that this complaint: (1) is not being presented for an per purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost gation; (2) is supported by existing law or by a nonfrivolous argument for extending, lying, or reversing existing law; (3) the factual contentions have evidentiary support or, cifically so identified, will likely have evidentiary support after a reasonable opportunity or investigation or discovery; and (4) the complaint otherwise complies with the rements of Rule 11.
	A.	For Parties Without an Attorney
		I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.
		Date of signing: 12/22, 2022. Signature of Plaintiff
	٠	Printed Name of Plaintiff Mark Left
		Prison Identification # 984 2762
	•	Prison Address 4546 Broad River Rd
	• • •	Columbia SC 2920
	ъ	City State Zip Code
	В.	For Attorneys
		Date of signing:, 20
		Signature of Attorney
	-	Printed Name of Attorney
		Bar Number
		Name of Law Firm

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Address	
Telephone Number	
E-mail Address	